PTO/SB/22 (09-06)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) | | |
|---|------------|--------------------------|-----------|------------------|
| | | 0879 | 9-0370P | |
| Application Number 10/043,231-Conf. #6198 | | Filed Ja | nuary 14 | 2002 |
| Application Number 10/043,231-Cont. #0190 | | Theu Ja | ilualy 14 | , 2002 |
| For DIGITAL CAMERA, CRADLE AND CAMERA SYSTEM | | | | |
| Art Unit 2622 | | Examiner | T. V. | Но |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | <u>Fee</u> | Small Entity Fee | | Deld |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | Paid 02/06/07 |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| X Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | 900.00 |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | - |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| X The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 | | | | |
| | , | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of record. Registration Number39,491 | | | | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | |
| Signature 75,9/2 April 5, 2007 Date | | | | |
| Michael R. Cammarata (703) 205-8000 | | | | |
| Typed or printed name | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of forms are submitted. | | | | |